

Central Vermont Continuum of Care
Permission & Release of Information



I give my permission to _____ to share personal information about me, my family and my circumstances with the Central Vermont Continuum of Care team. I understand the purpose for sharing this information is to help me and my family find more stable housing. I understand the Continuum of Care is a group of people from a variety of state and local organizations including, but not limited to:

Battered Women Services & Shelter
Central Vermont Community Action Council
Central Vermont Council on Aging
Central Vermont Community Land Trust
The Good Samaritan Shelter & Good Neighbors
Hedding United Methodist Church
Montpelier Housing Authority
Vermont Department for Children & Families, Economic Services Division
Vermont Agency of Human Services
Washington County Mental Health
Washington County Youth Services Bureau/Boys & Girls Club

I understand the information will be used only during the Continuum of Care team meeting. I understand I can attend the meeting during this discussion. If I'm unable to attend, this release allows for the discussion to happen and the person who presented this release to me will let me know what happened at the meeting.

I understand this release also allows for the team to receive follow-up information and I can revoke this release at any time.

Signature

Witness

Print Name

Print Name

Date of Authorization

Expiration Date of Authorization

6/1/08